

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520,810

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6						
7		1				
8	1					
9		1				
10	1					
11		1				
12		1				
13		3				
14		3				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1					
21		1				
22		2				
23		2				
24		0				
25	1					
26		1				
27	1					
28	1					
29	1					
30		1				
31		1				
32		1				
33		1				
34	1					
35		1				
36	1					
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54	1					
55	1					
56	1					
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96						
97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	28					